

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90149 036 ***150.00

DOCUMENT # P38293



1. Entity Name
VITAL SIGNS SALES CORPORATION

Principal Place of Business
**20 CAMPUS ROAD
TOTOWA NJ 07512**

Mailing Address
**20 CAMPUS ROAD
TOTOWA NJ 07512**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-3158218**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME WALL, TERENCE D. Delete
STREET ADDRESS 160 LLOYD ROAD
CITY-ST-ZIP MONTCLAIR NJ

TITLE T
NAME Frederick Schiss Change Addition
STREET ADDRESS 315 E. 12th Street
CITY-ST-ZIP NY NY 10021

TITLE VD
NAME WICKER, BARRY Delete
STREET ADDRESS 75 CHEROKEE COURT
CITY-ST-ZIP SPARTA NJ

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE T
NAME BURGART, JOSEPH Delete
STREET ADDRESS 1 WASHINGTON STREET
CITY-ST-ZIP FLEMINGTON NJ 08822

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE S
NAME STURN, JAY Delete
STREET ADDRESS 1004 WESTWOOD AVE
CITY-ST-ZIP STATEN ISLAND NY 10314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03
Date

9737401330
Daytime Phone #

CR2E034 (10/02)